

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33084

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5353 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elkland Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elkland Rural</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>03</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM b. (Middle) WALTER c. (Last) HARDISON

4. DATE OF DEATH (Month) (Day) (Year) 9-24-1950

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 3-5-1882 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 6 Days 20 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY farmer

11. BIRTHPLACE (State or foreign country) March, Mo

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Tom Hardison 13b. MOTHER'S MAIDEN NAME Nancy Brundidge 14. NAME OF HUSBAND OR WIFE Rachel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs Rachel Hardison ADDRESS Elkland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Terminal Bronchial Pneumonia 6 day

DUE TO (c) Cerebral Hemorrhage 2 wks

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

321X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-23-50 3:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12, 1950, to 9-23, 1950, that I last saw the deceased alive on 9-23, 1950, and that death occurred at 3 p m., from the causes and on the date stated above.

23a. SIGNATURE J. Bruffin (Degree or title) MD 23b. ADDRESS Buffalo 23c. DATE SIGNED 10-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-26-50 24c. NAME OF CEMETERY OR CREMATORY Center Point 24d. LOCATION (City, town, or county) (State) Dallas Co Mo

DATE REC'D BY LOCAL REG. 10/14/50 REGISTRAR'S SIGNATURE Mrs J. B. Jones 80 FUNERAL DIRECTOR'S SIGNATURE H. B. Jones ADDRESS Buffalo Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

~~Date Filed~~
~~Dist. File~~
~~10-16-50~~
~~1050-2113~~
RECEIVED
NOV 18 1950
DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Leonard B. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 9508

P. O. Address Buffalo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.